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MAR 10 2005

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of )

HSIAO et al. )

Application No. 10/606,427 )

Filed: 06/25/2003 )

For: MAGNETIC HEAD WITH )  
THINNED T-SHAPED WRITE )  
POLE AND ITS FABRICATION )

Group Art Unit: 2652

Examiner: RENNER, Craig A.

Attorney Docket No. HIT1P159/  
SJO920000097US1

Date: March 10, 2005

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile  
transmitted to the Commissioner for Patents via facsimile to fax  
number: (703) 872-9306 on March 10, 2005.

Signed: Nancy Rushon

Nancy Rushon

AMENDMENT A

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Examiner:

In response to the Office Action mailed December 14, 2004, please enter the  
following amendments believed to place the claims in condition for allowance.

SJO920000097US1/HIT1P159

- 1 -

# ZILKA KOTAB

PC  
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MAR 10 2005

## FAX COVER SHEET

Date: March 10, 2005	Phone Number	Fax Number
To: Examiner Craig A. RENNER		(703) 872-9306
From: Dominic M. Kotab		

Docket No.: HIT1P159/SJO920000097US1

App. No: 10/606,427

Total Number of Pages Being Transmitted, Including Cover Sheet: 17

### Message:

Please deliver to Examiner RENNER.

Thank you,

Dominic M. Kotab

☐ Original to follow Via Regular Mail ☒ Original will Not be Sent ☐ Original will follow Via Overnight Courier

\*\*\*\*\*  
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March 10, 2005

PATENT

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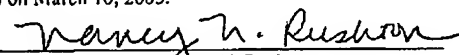
Group Art Unit: 2652

Date: March 10, 2005

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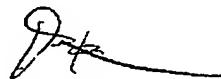
I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, Alexandria, VA at facsimile number (703) 872-9306 on March 10, 2005.

Signed:

  
Nancy N. RushtonCommissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment, Authorization to Act in a Representative Capacity, and Change of Correspondence Address in the above-identified application.

Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to **Deposit Account No. 50-2587 (Order No. SJO9-2000-0097US1)**.If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to **Deposit Account No. 50-2587 (Order No. SJO9-2000-0097US1)**. A copy of this sheet is enclosed for billing purposes.Respectfully submitted,  
Zilka-Kotab, PCDominic M. Kotab  
Registration No. 42,762P.O. Box 721120  
San Jose, CA 95172-1120  
Telephone: (408) 971-2573

(Revised 1/96)

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CERTIFICATE OF FACSIMILE

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Signed:

  
Nancy N. Rushon

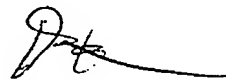
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Respectfully submitted,  
Zilka-Kotab, PC



Dominic M. Kotab  
Registration No. 42,762

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